

DIKE, BRONSTEIN, ROBERTS &
CUSHMAN
130 Water Street
Boston
Massachusetts 02109

DECLARATION
AND POWER OF ATTORNEY
Original Application

ATTORNEY'S DOCKET NO. (If Any)
45394

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed at 201 below) or an original, first and joint inventor (if more than one name is listed at 201-203 below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

GENERATION OF IMMUNE RESPONSES TO PROSTATE SPECIFIC ANTIGEN (PSA)

which is described and claimed in:

☐ the attached specification or

☒ the specification in application Serial No. 08/500,306..... filed July 10, 1995.
(for declaration not accompanying application)

And was amended on

if applicable

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

FOREIGN APPLICATION(S), IF ANY, FILED WITHIN 12 MONTHS PRIOR TO THE FILING DATE OF THIS APPLICATION			
COUNTRY	APPLICATION	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 U.S.C. 119
			YES NO
			YES NO
ALL FOREIGN APPLICATIONS, IF ANY, FILED MORE THAN 12 MONTHS PRIOR TO THE FILING DATE OF THIS APPLICATION			

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)	(Filing Date)	(Status) (Patented, pending, abandoned)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) with full powers of association, substitution and revocation to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (list name and registration number)

Sewall P. Bronstein (Reg. No. 16,919)
Donald Brown (Reg. No. 20,845)
David G. Conlin (Reg. No. 27,026)
George W. Neuner (Reg. No. 26,964)

Ernest V. Linek (Reg. No. 29,822)
Linda M. Buckley (Reg. No. 31,003)
Ronald I. Eisenstein (Reg. No. 30,628)
Henry D. Pahl, Jr. (Reg. No. 20,438)

Peter J. Manns (Reg. No. 26,766)
David S. Resnick (Reg. No. 34,235)
Peter F. Corless (Reg. No. 33,860)
Kevin J. Fournier (Reg. No. 34,333)

Brian L. Michaels (Reg. No. 34,221)
Cara Z. Lowen (Reg. No. 38,227)
John L. Welch (Reg. No. 28,129)
Milton Mc.K. Oliver (Reg. No. 28,333)

SEND CORRESPONDENCE TO:
Sewall P. Bronstein, Esq.
Dike, Bronstein, Roberts & Cushman
130 Water Street
Boston, Massachusetts 02109

DIRECT TELEPHONE CALLS TO:
(name and telephone number)

David S. Resnick
617/523-3400

201	FULL NAME OF INVENTOR	LAST NAME SCHLOM	FIRST NAME Jeffrey	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY Potomac	STATE OR FOREIGN COUNTRY Maryland	COUNTRY OF CITIZENSHIP U.S.A.
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 10301 Sorrel Ave.	CITY Potomac	STATE OR COUNTRY Maryland
202	FULL NAME OF INVENTOR	LAST NAME PANICALI	FIRST NAME Dennis	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY Acton	STATE OR FOREIGN COUNTRY Massachusetts	COUNTRY OF CITIZENSHIP U.S.A.
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 114 Nonset Path	CITY Acton	STATE OR COUNTRY Massachusetts
203	FULL NAME OF INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY

I hereby further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
DATE	DATE 10-25-95	DATE

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE

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SIGNATURE OF INVENTOR 201 Jeffrey Schlom	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
DATE 11/20/95	DATE	DATE

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PATENT AND TRADEMARK OFFICE